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Of course the ingenuity of getting along with little cannot well be taught in hospital, but it is certainly wrong if a woman is more helpless in emergencies after hospital training than she was before, and all that is part of what she must learn when she specializes.

Let the hospital rather try to give its pupils a thorough foundation in nursing and in neatness for their later special study of district nursing. Honestly, a woman is hardly fit for district nursing who does not know how to pile up dishes in an orderly way, who scratches matches on the walls, and does not wash out her bath tub.

I have read in recent articles on this subject references to English systems, yet the fact that England demands a special training for visiting nursing was quite overlooked in them.

No good English Matron would consider having her third-year nurses go through some scattery, partially supervised training in district work. The nurse there must get her full training in nursing, first, and before she is appointed as a Queen's nurse she must take her six months' training in a District Home under a superintendent.

Visiting nursing among the poor is very different to-day from what it was fifty years ago, because the whole conception of poverty has become altered and the whole attitude of approach to social questions has been revolutionized. A visiting nurse in large cities who is not intelligent on civic and social movements may often do more harm than good, or may often fail to do as much good as she otherwise could do.

My whole argument is: "Do not let us fall into the old mistake of "cramming" the nurse in her training, by trying to crowd specialties into her hardly-won three years. Let the hospital training be developed to its fullest possibilities and let the specialties wait until the nurse has had her full grounding. Then, of course, some one must build District Homes for special training.

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## LONG-CASE NURSING

### INTRODUCTION

It occasionally happens that a nurse who is sent to a patient fits her place so well, and is so needed by one and another of the family, that her stay lengthens into weeks, months, or years. Such long cases are surely desirable to the patient and family, for it is much pleasanter for all concerned to have one person on hand to whose ways they are accustomed than a series of perhaps equally good nurses. Are they

desirable for the nurse? Some of the nurses who have had such experience have been asked to give their views on this question, but most have refused, saying the disadvantages were obvious and they did not like to dwell on them.

Nurses who are occupied with short cases sometimes envy the "good luck" of those who are, perhaps, travelling with a patient, and fancy they are having a very easy, delightful time, but console themselves by thinking that *they* are keeping up with the times. This is rather a mistaken estimate all through. If the nurse is having a delightful time now, be sure she has earned it by days of faithful toil,—the case does not usually begin with travelling. Also, to travel with a patient is not all ease for any of those concerned. It is much more difficult to make a sick person comfortable in a hotel; in strange cities one cannot always purchase things necessary for comfort. I have known a nurse who read aloud all the four days of a trip to California, and some who cross the ocean are doomed to spend most of their time in a stuffy state-room, if the patient is unable to go on deck. As to keeping up with the times, any nurse who wishes to keep up will do so, for she will be continually thinking, studying, observing, reading, and learning, while any nurse who is unambitious may fall behind, though she be placed in the midst of advantages. The people who can afford to employ a nurse for months or years are not satisfied with less than the best, and it is only the exceptional woman who can fill such a position acceptably. Often she needs many other qualifications than the one of good nursing, for she may be called upon to act as housekeeper, shopper, secretary, chaperone, or hostess. Indeed, she is hardly ever idle. There are a thousand demands upon her, which she is happy to fulfill, but which keep her fully occupied. This leads us to the great disadvantage of such cases. The nurse is giving up for the time her individual life. The hospital nurse has scraps of days which are her own, to use as she pleases. The private-duty nurse, taking acute cases, has her occasional intervals at home, between cases, when she is free. The nurse on a long case is swallowed up in the interests of her patient and family. If these interests are uplifting, she may throw herself into them heartily, make them her own, and feel no loss. But even so, it would be better for her, and indirectly, for the patient she is with, if she could have a small portion of the day which belonged to her, to plan for as she pleased; or, if this were impossible, some one time in each week, absolutely her own. Often a nurse will have a good deal of time at her own disposal but it will fall to her irregularly and unexpectedly, and she cannot make the best use of it.

**FIRST PAPER****By HARRIET HORNER, M.D.**

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It is almost impossible for me to consider the subject of long-case nursing in an impersonal way. My own experience, covering a period of over fifteen years, with one patient, seems to color all my views, and now that five years have passed since I left that patient for new fields, my views are only intensified by the happy retrospect. It seems to me that the advantages, and they were many, were those which benefitted me personally as a woman, while the disadvantages were of a professional nature; what I gained as a woman I lost as a nurse. We are women first and then nurses, and to be a good nurse one cannot have a character too well rounded, or have too broad a culture; and I cannot help thinking that the daily companionship of an invalid, who, though so unfortunate as not to be an acute case, with all the interest that belongs to such cases, but who suffered patiently through long years of semi-invalidism, has done much toward making me a more useful, less selfish woman; that the many books I read to her, on varied subjects, books which, perhaps, I would not have chosen so wisely for my own reading, have given me a wider and more extensive knowledge of literature than I would otherwise have had; that our little journeys into the world, which she from time to time was able to take, have enabled me to see places and people which have broadened my whole outlook and views of life; and last, but not by any means least, are the advantages which cannot be overestimated, obtained from being admitted to the family life of a refined and cultivated woman, with wide interests and a large circle of friends and acquaintances. This was an education in itself, and if there were sacrifices, such as giving up my career as a successful nurse, they were more than compensated for by the rounding out of my individual life, and the broadening of my views. If the thought intrudes that I was not doing the good in the world that, in my early enthusiasm, I planned, I have but to recall the many ways in which I was enabled to labor for others, indirectly, perhaps, but successfully, by working with and for my patient in her many charitable undertakings. Many of them she could not have accomplished without the aid of a sympathetic coworker and assistant.

But, on the other hand, if all one's time and energies are given up in going from one acute case to another, one gains vastly in experience, one becomes an expert nurse, much praised and sought after by the

medical profession; and if this be one's ideal, the goal of one's highest ambition, this short case nursing has distinct advantages, and the reward is good in a purely professional way. Such a nurse has the consciousness of having done well what she has undertaken to do, she has been ready for action and alert to do her very best at all times, with all her powers trained for immediate and constant use. She is invaluable and her usefulness cannot be overestimated, nor valued too highly, and she can look back upon her years of active nursing as time well and conscientiously spent. But many nurses will, I think, acknowledge that somehow their horizon has narrowed, almost without their knowledge and consent, and at the end of their nursing career they find themselves worn out and perhaps no longer useful.

## SECOND PAPER

By K. K.

Six months is as long as a nurse should stay on a medical case, for she gets so tired, there is such constant work, her head and digestion both give out. In nervous cases, if the nurse fits the case, there is great advantage to the patient in keeping the same nurse, and it is the duty of the latter to stay, if she is able to do so, and not subject the patient to change. If the patient is ordered to travel the change is also helpful to the nurse, and she is enabled by that means to keep the case indefinitely if needed.

There would seem to be an advantage financially to the nurse in long cases, where she loses no time in waiting, but this is offset by the requirements for different dressing, and unless the patient or her family are thoughtful for her extra expense, when she is placed where she must not wear her uniform, the nurse is out of pocket very much. It is a decided disadvantage in that respect.

As to falling behind professionally, each case is a new study and provides its own training. It lies with the nurse herself, whether she fall behind in her work. She has many opportunities, if she will seize them, for doing other nursing, as other members of the household than her patient are constantly needing care.

Disadvantages—what are they? Nothing should be a disadvantage to a nurse. When she begins to think of her disadvantages she is tired, and needs to consult her good doctor, who will understand better than any one else whether his nurse is worn out or not.

**THIRD PAPER**

By O. B.

I FIND the objections I have in mind to long cases apply particularly to certain cases among the wealthy, where there is no personal feeling in regard to a nurse,—especially long summer cases, in the country, where I am isolated from my friends. Such a patient will send for me again and again, because she knows I will take good care of her and because I will fit into the household well, and I go because there will be a steady income for six months, which I need. I also know that I will be well taken care of; but there is no affection on either side. The social goings-on make it a little difficult, particularly about meals. I have to have mine when and where it is convenient. In a short case this does not happen, or not so often. And I do miss not seeing some of my own kind, whether at the *alumnæ* meetings, or lunching down town, or in my own home, or in theirs, and I feel that I do not keep in touch with what is going on. Of course my *alumnæ* journal and the nursing and medical journals supply a great deal, but it is not just the same. I dare say it is for one of greater mental calibre than I, but I have always been very dependent on my friends for inspiration in my work.

I am well, and live on “the fat of the land,” but sometimes I wish it were not so “fat;” I occasionally yearn for some plebeian food.

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**DOES THE AVERAGE TRAINING-SCHOOL PREPARE  
ITS NURSES FOR PRIVATE DUTY**

By A GRADUATE OF THE ILLINOIS TRAINING SCHOOL FOR NURSES

A MODERN essayist says, “Knowledge comes of doing; never to act is never to know.” If this be a truth, how can we know, except by doing, and how can we be prepared for any work by application to another, even though that other be allied by closest relation?

Is it not true of any calling? The vine-grower is a novice in the orange grove, no matter how thoroughly he may have mastered the technique of agriculture. The most brilliant professional graduate has years of drudgery in his special line before he grasps its management. The lawyer in the courtroom; the product of West Point on